



Form 1: Graduate Committee Formation (For Graduate Degrees)

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm E-101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

- Form must be submitted by all graduate level students
Form to be submitted prior to declaration of program track (thesis or non-thesis dissertation)
Signatures of committee members acknowledge that:
- Committees must meet with the student at a minimum of once a year
- It is the responsibility of the student to arrange the meeting
- Committee members are responsible for providing advice to the student, reading and commenting on the thesis, research papers, dissertations and/or examinations as required for the student's degree program, and approving the student's work in the completion of degree requirements
In programs that do not utilize a committee system, only the signatures of the primary advisor and program chair are required

SECTION I: Student Information:

Name: \_\_\_\_\_ Email: \_\_\_\_\_@hawaii.edu
Graduate Program: \_\_\_\_\_ Plan: Thesis Non-Thesis
Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION II: Obtain Committee Signatures

Primary Advisor name: \_\_\_\_\_
Primary Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Committee Member: \_\_\_\_\_
Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Committee Member: \_\_\_\_\_
Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Committee Member: \_\_\_\_\_
Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Committee Member: \_\_\_\_\_
Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION III: Obtain Approving Signatures

Graduate Program Chair name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SECTION IV: Submit ORIGINAL completed form to the Graduate Division

FOR GRAD DIVISION OFFICE USE ONLY: [ ] SPACMNT [ ] STAR Date: \_\_\_\_\_ Initials: \_\_\_\_\_
FOR REGISTRAR OFFICE USE ONLY: [ ] SGAADVR Date: \_\_\_\_\_ Initials: \_\_\_\_\_